Encountering the Internal Persecutor: Within the Psychotherapist, the Patient, and the Therapeutic Relationship

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Abstract

Encountering the other is inevitably central to therapeutic work. This paper explores the challenges and possibilities of encountering the internal persecutor within the therapist, the patient, and within the clinical dyad. This encounter is often terrifying as we meet not only the other in the form of our patients and the different cultural groupings with which we engage, but also the others lying dissociated within us and which are inevitably stirred, and sometimes violently enacted, in the heat of the clinical moment. The temptation to make the other wrong, or to defensively submit, in order to survive the shameful attacks of the persecuting other(s) within us is extremely powerful. However, encounters with such persecutory dynamics can also potentially enable deep transformation in both the therapist and patient. In this paper, I explore these temptations and opportunities. I draw on a range of psychoanalytic, relational and Jungian theoretical perspectives, and include clinical vignettes.

Whakarāpopotonga

Kāore koa, he tūtakitanga taru tangata, te waenga-pū o te mahi haumanu. Ko tā tēnei pepa, he wherawhera i ngā wero me ngā tūpono tūtakitanga i te kaipēhi whakaroto o te kaihaumanu, te tūroro me te tōpū haumanu. I te nuinga o te wā, he tūtakitanga whakawehiwehi tēnei nā te mea ehara ko te hanga taru tangata o ā tātau tūroro me ngā rōpū ahurei rerekē ngā mea tūtaki ai tātau, engari ko ētahi taru tangata e noho wehe ana whakaroto i a tātau ka whakaarahia ake me te aha i ētahi wā ka haukekehia i te ohorerehanga o te wā. Tino kaha te tahu ki te uta i te hē ki taru tangata, ki te aata whakaata hauraro rānei kia puta ai i ngā ngau a taru. Ahakoa rā, he huarahi whakakaha whakaaro hōhonu rerekē mō te kaiwhakaora me te tūroro ēnei momo tūtakitanga. Ka tirohia ēnei tahu ēnei tūponohanga i roto i tēnei tuhinga. Ka kūmea mai ngā

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tirohanga tātarihanga mātauranga matehinengaro maha, tā Hūngiana tirohanga, me ētahi tuhinga haumanu poto.

Keywords: internal persecutor; shame; reparation; restoration; inner freedom; recycling madness

Introduction

> … the act of having oneself given back by the other is not a returning of oneself to an original state; rather, it is a creation of oneself as a (transformed, more fully human, self-reflective) subject for the first time. (Ogden, 2004, p. 189)

I have always lost things — glasses, keys, wallets, sunglasses. My Dad was the same, the archetypal absentminded professor. I have always known this about myself. My teacher in secondary school, in our final yearbook, put a saying under the individual photograph of each of my classmates. The saying was intended to capture the essence of each of our characters. Under my photograph he wrote, "The pen is mightier than the sword… but I've lost them both".

I used to think I never really minded this absentmindedness. It was part of my unique make-up. However, my propensity to lose things almost always manifested when my mind was disturbed by disruptions in close inter-personal relationships. Indeed, it was not so much things that I lost, but that I lost my capacity to be present to my own mind. Dissociative tendencies which disturbed and undid the coherence of my sense of identity and presence. It was in my personal analysis that I gradually discovered the depths of my disturbance arising out of my own early maternal experience, the immense and primitive anxieties and the shame that drenched these anxieties and underpinned my absentmindedness.

As I explored my forgetful tendency, I discovered the part of me which would shamefully attack myself for my literal "absent" mind. Indeed, I slowly began to discover the part of me that hated myself. In particular I discovered the most primitive and attacking aspects of my own superego, born out of failures in attunement in interaction with primitive infant states of affective dysregulation. It manifested in largely unconscious rageful internal attacks on the vulnerability that underpinned my forgetfulness, in which my vulnerability felt under threat, and thus from which I would remove my mind, only for my primitive superego to attack this vulnerability in its absence. The primitive anxieties would emerge within me, leading to the dissociative responses and these shame-filled attacks. At the same time, I defended against the anxieties underpinning my forgetfulness by honing my ego capacities of intelligence and interpersonal skill, combined with manic restorative action, seeking vulnerable others who needed repair, and omniscient knowing that kept at bay the terror inherent in these anxieties, remaining unaware of the degree to which I was persecuted into activity. As Henri Rey (1994) noted, the psyche in states of manic reparation seeks to defend against the internal attack of the punishing superego, by seeking to enlarge the ego via defences of omnipotence and omniscience, enabling the self to thus "feel superior to the menacing and punishing object … by being bigger than the object; by making the [attacking] object smaller" (p. 209).

As I explore with you now my theme of encountering the other, I suggest that our encounter with the other within us, the other of primitive phantasies and anxieties, born within the maelstrom of our infancy and its intrapsychic and interpersonal terrors, is perhaps the first and most influential encounter with an "other". My discovery as an adult of this other, of these frightening and persecuting aggressors, was both extremely disturbing and an immense relief. I slowly discovered that I didn't have to omnipotently attempt to restore my ego capacities in order to protect myself from the feeling of badness which my forgetfulness revealed. Slowly, I began to embrace the tenderness of my forgetful self, the fear that lay beneath the shame, beneath the dissociative absentness, the overwhelm of persecutory anxieties, the guilt and fear of my own potential destructiveness and the destructiveness of the other, the identification with this destructiveness and the shameful attacks which persecuted my inner world. As I began to embrace, to surrender to my vulnerability and humanity, rather than to submit to my identification with the aggressive persecutor and its shameful hate, the anxiety of my inner world began to ease and the tenderness of my vulnerability began to emerge, embraced both by my own compassion and my analytic work.

This intrapsychic encounter with otherness was powerful and eventually freeing. In this paper, I explore the possibility that such an encounter with the intrapsychic other is an essential aspect of our capacity to meet, as fully as we are able, the subjectivity of an interpersonal other in the clinical dyad.

Freud (1918) suggested the primitive anxieties of the infant's fantasised encounter with the other of the primal scene, and the terrors of destruction, seduction and castration such an encounter evokes. He also noted the guilt evoked by these fantasies. In "Mourning and Melancholia" (1917), he developed his exploration of the inner world with his consideration that in a melancholic state the patient's internal self-attacks reflect an attempt to retain the lost object, with the patient's ambivalent hostility to the lost one manifesting as an attack on herself. Klein (1946) built on these ideas of identification, introjection and projection in her graphic explorations of the primitive persecutory terrors of the infant, the necessities of splitting in order to prevent the fantasised destruction of the good by the bad, the risk that splitting of our internal otherness predominates, if not mediated by an environment receptive to the infant's hate and to their love.

Of course, the perceived relational turn in psychotherapy has seen the emergence of developmental models which place much greater emphasis on the early relational environment as midwife to the emergence of self, or indeed of selves. Jungian analyst Michael Fordham (1963, 1993) described the crucial significance of the infant's early environment in enabling emergence of the self. Indeed, in an attempt to offer a developmental perspective to Jung's original conceptualisation of the transpersonal self, he posited the notion of a primary self *a priori* of the earliest relational encounters. Fordham emphasised the importance of the early maternal environment if the potential of the primary self is to be realised, and offered a model of de-integration and re-integration of the self when relational attentiveness to the infant self is sufficiently attuned to affectively charged infantile states of distress and excitement, and, by contrast, a process of intrapsychic disintegration when the infant's needs and vulnerabilities are not sufficiently attended. Fordham's notion of a primary self resonates for me with the indigenous Māori concept of

mauri, the essential and inherent life force of everything that exists, and that exists *a priori* of all experience. Bion (1962) placed more emphasis on the mind of mother as a containing other, Winnicott (1965) emphasised the necessity of maternal preoccupation, whilst Kohut (1979) focused on the essential need of a mirroring other in order for a coherent self to develop. Attachment theorists beginning with Bowlby (1969) explored the crucial need for secure attachment figures. Stolorow, Atwood and Brandchaft (1994) postulated their intersubjective perspective in which self-experience arises out of interpersonal contexts, and Bateman and Fonagy (2004) emphasised that the mentalising capacity essential to psychic health arises out of the self-reflective capacity of the minds of the infant's caregivers. Meanwhile relational theorists like Stern (2010) and Bromberg (1996) questioned the notion of a singular unitary self, and proposed that the "self" consists of innumerable self-states. Even some contemporary Jungian theorists have moved away from Fordham's archetypal perspective of a primary self (for example, Knox, 2004, 2009).

Whether we adopt a more relational, transpersonal, or more intrapsychically focused conceptualisation of the development of the self, or an integration of the three, all these perspectives recognise the potential for an inner world populated by aspects of self in conflict with each other; that is, intrapsychic encounters with other.

Bell (2001) powerfully explored the destructive possibilities of such an inner world as he asked, "Who is killing what or whom?" when suicidal impulses emerged within the patient. He suggested,

> Deep splits in the inner world between a part of the self in relation to an idealised object, and part of the self felt to be bad and subject to terrifying and cruel attacks, are characteristic of most suicidal patients. (p. 25)

– And that some (and I would argue many) suicidal patients,

> … are continuously internally persecuted by an archaic and vengeful superego from which there is no escape (psychic claustrophobia). Its punishing quality is merciless. It inflates quite ordinary faults and failures, turning them into crimes that must be punished. In this situation, suicide, submission to the internal tormentors, may be felt as a final release. (p. 27)

I suggest that many of us who are drawn to work as therapists, if not all of us, whether or not we have experienced suicidal impulses, know something of this internal persecuting dynamic. Indeed, as Bell (2001) noted, "probably common to us all is the wish to repair our own damaged internal objects" (p. 34). And I suggest that encounters with an intrapsychic internal other in the earliest months of life, and in the earliest relational experiences within which the self emerges, and which inevitably entails encounter with the most primitive and harsh aspects of our own internal world, are central to our later interpersonal encounters with an other. Given the intense anxiety of these infantile encounters, particularly when they are not well mediated by our earliest relational environment, it is unsurprising that these terrors manifest in the all too common projective dynamics which emerge interpersonally and across cultures as we engage with the external other. Indeed, from a

relational perspective, Donnel Stern (2010) has suggested that enactment is disassociation inter-personalised; that in our unconscious identifications we enact the trauma of early relational experience. Thus, for example, in my forgetfulness, I projectively invite my analyst to feel my absence and tempt him to identify and enact the persecutory aspects of my primitive superego, in an attempt to make him hate me for the absence I manifest.

Perhaps we all negotiate these internal terrors, encountering the other of our psyche, persecuted by its tyrannical demands, invited to enact relentless activity and omnipotent, omniscient action in order to attempt to control and quell the tyrannical oppression of the internal persecutor. Thus, in our encounter with the interpersonal other in the clinical context and in the social world in crosscultural engagement, the replay of these hateful, disturbing, primitive and destructive impulses is inevitably compelling.

Clinical Example

I will call my patient Jane (name changed for anonymity). She is of Italian descent. At the time of the clinical moment described below we had worked together for six years. She had come to me at 28 in suicidal despair, her body viciously scarred by the impact of relentless self-harm over many years, reflective of an inner world dominated by the intrapsychic hatred described by Bell (2001). The self within Jane who cut her was perhaps reflective both of the self trying to have an impact on the mother that cannot be reached, a sharp edge needed in relation to the mad, retaliatory, absent, mind of mother; and of a primitive superego identified with the most primitive aspects of this mother, enacting hateful attacks on the most vulnerable aspects of my patient's most infantile need.

Six Years Ago (Six Years into our Work Together)

After six years of work, Jane was now more settled, no longer self-harming, a little more self-compassionate, but struggling with her most tender and vulnerable self. Jane had recently argued with her mother. She was close to tears as we explored her grief of never having the maternal responsiveness for which she had longed. Unexpectedly, I heard a knock on my front door (my office was then in the front of a house I owned). I went to the front door. A woman loudly announced, "I'm the midwife". She had arrived to see my friend and her infant who were staying with me; they were at the back of the house. I asked the midwife to use the side entrance. As I returned to Jane, I felt guilty for not having protected the therapeutic space sufficiently. Jane glared. She appeared to inhabit a completely different self-state. She provocatively spoke of her fantasy of sexually seducing me. I felt ill. My mind whirred.

The "ill" feeling was familiar, the feeling of wanting to evacuate the most primitive parts of myself. We were coming to the end of the session. I firmly suggested, "Before the knock at the door, you seemed very tender. I think your shift to talking of wanting to sexually seduce me is an attempt to rid yourself of the most tender and youngest parts of yourself, as if perhaps you fear that there may be another baby here, whose attention is taking me from you, and your wanting to seduce me is a preemptive attempt to rid yourself of your most vulnerable self, for fear that I may reject her". Jane left appearing furious.

At the next session, Jane was again tender. She spoke of her wish that she be my only

patient, that I not have a life outside of this therapeutic hour, that she not have to share me. Slowly we explored her archaic attachment longings; her feeling that her mother could never pay attention to her earliest affectively laden body/mind experience; her profound grief that this would never be possible.

The Analyst's Inner Freedom

Symington (2007) suggested, "Interpretations … can only touch the patient if they come from the place of emotional truth in the therapist", and that, "The patient senses when an interpretation has been arrived at via an internal [emotional] struggle…. This creates a meeting at a deep level, a union of souls" (p. 58). He called this the analyst's act of inner freedom, emerging from beyond the oppression of the analyst's superego. In clinical work, the primitive aspects of my superego have often caused me to soothe and rescue the distressed other in order to calm the terror emerging in my own psyche-soma. When the door was knocked upon, I felt disturbing somatic anxiety; my inner world persecuted me. "Shit, I shouldn't have my friend at the back; I should keep things more private". This internal tormentor persecuted me into action yet again as I swiftly walked towards the door. As I walked back to the therapy room, I felt the guilt of this shame. I felt my badness. Then when Jane immediately transformed from a vulnerable tenderness to an aggressive teenage-like sexual demand, I felt furious with her, tempted to transform my guilt and shame into counter-attack, for her to become the bad one who is attacking me, in order that I would not have to feel my own badness. Yet despite this, the shame that used to drench me did not capture me. I was able to find my own mind despite the internal disturbance. I paused for a few minutes before responding, as I navigated the internal attack within me and the interpersonal impulse to submit to my shame, or to counter-attack. I found a firmness in me, firmness in which I sought to face Jane and myself into her intrapsychic destructive attempt to eradicate her vulnerability, whilst also discovering compassion for the vulnerability she was seeking to protect, the tenderness of the infant so often left, abandoned to her own distress. This freedom from my own shame has been hard won, as I have allowed space for my own vulnerability, and this space enabled me to stay with Jane's experience, my own, and our intersubjective matrix. As Symington (2007) noted, "The only thing I knew was that it came from inside me — out of my own madness…. Only those communications that come from within the analyst, from the very depths, from his own true self, have any effect" (p. 31). I think Jane knew my words came from an emotional struggle within me, and this assisted her to further integrate her infantile longing.

Recycling Madness

My capacity to make use of the violence inside my own body, to bear it, rather than to become encumbered by my shame and guilt at the intrusion of the midwife, and to use the disturbing somatic and affective experience of my body as my patient attempted to seduce me, in order to make sense of her apparent attempt to disavow the vulnerability of her feelings of dependency and need towards me, has only been possible through my encounter with the other(s) within me. I have had to face the intrapsychic terror of my own early infant

experience as it has emerged in my dreams and my analysis, and to regather my own infant body self into my own arms in order to bear being with the terror of my patient's infant experience.

Clark (2006), in reflecting on working with borderline dynamics, suggested that it is only in the recycling of our own madness that we can be with, without enacting, the primitive terrors of the borderline experience. He suggested, "The wounded healer actually heals through his or her ….survival, management and recycling of his or her [own] wounds…" (Clark, 2006, p. 81). This enables containment and processing of the other's wounding. In a similar vein, I suggest encountering the external other requires of necessity the need first to encounter ourselves and the other of our terrified inner world, to surrender to this disturbing and perhaps murderous inner world, to embrace rather than defend against it, in order that we can similarly surrender to the interpersonal and crosscultural other.

Reparation

Rey (1994), drawing on Klein, suggested that in response to our own primitive anxieties and splitting dynamics, and the guilt that later emerges in relation to the destructive impulses of our hatred, we can be compelled towards manic restorative action in order to restore the interpersonal homeostasis of disturbed interpersonal relations; a process he refers to as manic reparation (p. 219), in which the self is persecuted by internal anxiety in an attempt to repair the perceived damage done. But that the more difficult challenge is not of speedy restoration of interpersonal disruption, a quick restoration which avoids any real transformation of the internal world, but rather of a deep and disturbing grappling with our own destructive aggression, in order to seek a deeper reparation, one in which the vulnerability of our internal terror is received and surrendered to, the inner persecuted object is repaired, matured and softened, and compassion for our own vulnerability generated, as reality is faced, in order that a more honest meeting with the interpersonal other may also be possible. I suggest that Rey's repaired inner object within the therapist, capable of both aggression, forgiveness and being forgiven, is crucial to the psyche's capacity for recognition of the other within the clinical dyad. My thoughts about this are further illustrated in my additional reflections on my work with Jane below.

Reflections on my Work with Jane

This year I completed with Jane after twelve years of twice-a-week psychotherapy. She came to me as a young woman tyrannised by a destructive hatred. Her inner world was dominated by primitive splitting and the persecutory anxieties of an inner world never mediated by maternal care, indeed, actively persecuted by maternal hatred. This manifested interpersonally in viciousness between us. Gaps in therapy were followed by suicidal threats, overt attempts to sexually seduce me, and vicious self-harm. At one point early in our work, in response to a break, Jane was silent for three sessions upon my return. Eventually she revealed: "I hate you … real revenge is ending up in hospital … or the ultimate, killing yourself".

I suggest that in response we as therapists often need to position ourselves fiercely on the

side of the vulnerable self under attack on behalf of the self who is attacking. This I believe assists in a central task of psychotherapy which Brandchaft (1993) articulated as freeing the patient from the intrapsychic cell which imprisons and dictates "this usurpation and surrender of the self" (p. 230). Such a stance is in contrast to therapeutic stances which interpret the conflict but do not forcefully challenge the destructiveness. Whilst I found Clark's (2006) formulation of the inner world of the self-destructive patient very helpful, and was deeply moved by his invitation to recycle my own madness in the service of clinical work, I found his containing and interpretive stance unsatisfying as he made sense of destructive attacks but appeared, to me, too neutral regarding their utility. In my own work, as I navigate the punitive aspects of my own inner world, my interpretive work is often forceful — if not fierce — as I leave the client in no doubt as to whose side I'm on; that of the vulnerable selves who are under attack. Similarly, Milton (2017) has suggested that a core aspect of working with clients in the borderline range is the need to transform the mind of the patient that is dominated by persecutory phantasies which perpetuate intense anxiety within insecure attachment relationships. He noted that,

> Instead of transforming the mind the patient insists on trying to change the environment. This is doomed to ultimate failure … it means that the client is not in fact working on transforming their mind but using multiple strategies to change/shape the response of the therapist. This often takes the form of intense pressure to configure the relationship with the therapist so that the therapist acts in such a way that it directly relieves the pain and intense enduring anxiety: i.e., to seek and obtain soothing gratification rather than working on [inner] transformation. (p. 7)

Milton therefore emphasised the importance of the therapist retaining their own mind, and facing into the inevitable disruptions between the borderline patient's demand that the therapist change their response, rather than that the patient transform their inner world. As Milton commented, such a stance communicates that, "we can be in aggressive states with each other without destruction of the relationship" (p. 6). Similarly, in my work I seek to retain the contents of my own mind, to speak truthfully to this, facing the inevitable disturbances this brings to the patient who will often attack my mind with the message that forcefully communicates, as Lorna Smith Benjamin (1996) so eloquently put it, "my misery is your command" (p. 115). In response, I often firmly communicate in one form or another, "I'm here to enhance your well-being, not to passively observe as you self-destruct". Such a stance requires that guilt about my own aggression, or love, does not overwhelm me. It is a stance enabled by an inner object within the therapist that does not fear aggression or love, and is, I suggest, a stance which over time enables the patient's reparative inner transformation. It is a stance in which both patient and therapist are allowed their own mind, and one in which faith in the possibilities of inner transformation is inherent. As Rey (1994) noted,

> … only when the superego becomes less cruel, less demanding of perfection, is the ego capable of accepting an internal object that is not perfectly repaired, can accept compromise, forgive and be forgiven, and experience hope and gratitude. Perhaps it is then that love has won the day … The cruelty of the primitive super-ego, and guilt

> feelings thus diminish considerably in intensity so that guilt feelings thus become more appropriate.... There appear the first traces of forgiveness instead of revenge, of hope instead of despair, gratitude instead of envy. The establishment of a good inner object capable of all these activities, including maintenance and care, contributes to make reparation possible. (p. 227)

Rey's emphasis was on the transformation of the patient's inner object. I am suggesting that crucial to my work with Jane was the transformation and reparation of my own inner object, which in turn allowed for the reparation and transformation of Jane's inner world. In my intervention with Jane, following the arrival of the midwife, I faced Jane into her demand that I change in order to relieve her attachment anxiety, whilst aligning myself with the vulnerability in her which she sought to disavow. Whilst Jane was initially furious as my mind retained its freedom, and Jane was faced with a difference between us, such a stance has, over time, lead to significant and beneficial outcomes. In the session after our interaction with the midwife, Jane told me of the following dream:

> ... My parents are arguing, and I feel really tense. You walk next to me and you keep encouraging me.... "You can do this now ... You've come through way worse than this.... it's ok, you can do this now". We walk close to each other.... It isn't sexual, and it's not even fatherly. Maybe a bit fatherly, but the way a father would treat his adult daughter, not his young daughter. [A friend] treats me the same way if my parents drive me nuts ... there's something really gentle about your presence.... I feel myself calm down.
>
> I always felt that sex was about the closest I could get to you ... But to think that perhaps me giving up the pursuit of making you sleep with me, would mean we get a closer therapeutic relationship, in a different way, really moved me. I had never considered that possibility ... I felt really, really moved ... comforted in a way ... my dream this time was very different from any other dream I have ever had about you ... it felt like we were a partnership, without that taking away from my adult self. I didn't have to be five years old to get your closeness and I didn't have to seduce you either. I felt ... encouraged by you that I had the strength to get through whatever I needed to get through ...

Whilst the layers of meaning within this dream are many, I suggest it gestures towards a movement from a defensive sexualisation of our relationship, to the possibility of a maternal/paternal transference, one within which Jane's most infantile vulnerability was able to be known and felt by herself, allowing for the gradual rebirth of disavowed aspects of self previously destructively attacked within her intrapsychic world. This movement was reflected in the remainder of our work, as both Jane and I surrendered to allowing her most vulnerable and violent self-states to emerge and be felt between us, as she also grieved the many losses of her infancy.

Now six years after the exchange about the midwife, Jane has recently completed therapy with me. She is living a good life. Her marriage is loving, her work is meaningful and her

friendships are generous. And she is now pregnant. The synchronistic appearance of a physical midwife outside my therapy office, played its part in the emergence of psychic and physical birth within our therapeutic relationship and within Jane. Emerging from our clinical work, our encounter with otherness, crossculturally, intrapsychically, and interpersonally, came the birth of new potential for Jane.

The invitation to meet the other is an invitation for us all. If we begin by encountering the others within ourselves, I suggest this is the foundation of a deeply emotional meeting with the other. Symington (2007) suggested only a meeting arrived at via a deep internal emotional struggle allows for an interpersonal engagement in which the possibility of new truths are birthed and which "creates a meeting at a deep level, a union of souls…" (p. 58). The task is demanding, but I have never engaged in any relationship that was even remotely satisfying, including the relationship I have with myself, without the depths of such a struggle.

As a post-script, I still lose things often, including my own mind; I just don't hate myself any more when I do.

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